

APPLICATION FORM

AWARD OBJECTIVES

To recognize the efforts of organizations and companies in the prevention of workplace incidents, injuries and illness.

To encourage organizations and companies to implement programs, policies and projects that will improve the health and safety of their employees.

AWARD ELIGIBILITY

The White Cross Award is open to all organizations and businesses, regardless of size or number of employees.

Applications will be reviewed by a selection committee, and the award will be based on meeting the attached criteria.

APPLICATION PROCESS

Applications must be forwarded to St. John Ambulance and include:

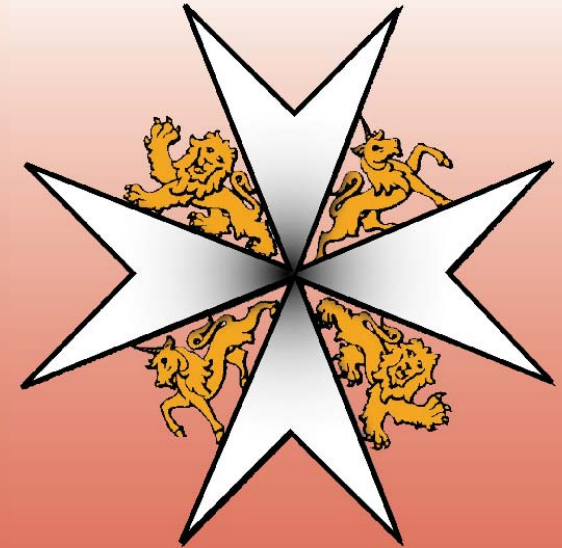
1. A complete application form
2. Any relevant information or documentation that may support the eligibility of your organization.

The St. John Ambulance
White Cross Award
recognizes an
organization that
has exhibited
**EXEMPLARY
LEADERSHIP**
in the area of
employee or member
SAFETY.

Previous **White Cross Award** Winners include:

Commissionaires Nova Scotia
Department of Health Continuing Care - District 1
Forestry Safety Society of Nova Scotia
Secunda Marine Services Limited
The Chronicle Herald Limited

St. John Ambulance NS/PEI Council
THE WHITE CROSS
SAFETY TRAINING AWARD
FOR EXCELLENCE IN EMPLOYEE SAFETY



St. John Ambulance

SAVING LIVES
at work, home and play
www.sja.ca/ns



St. John Ambulance NS/PEI Council

THE WHITE CROSS SAFETY TRAINING AWARD

FOR EXCELLENCE IN EMPLOYEE SAFETY

APPLICATION FORM

Fax: (902) 469-9609

Mail: 88 Slayter Street

Dartmouth, NS B3A 2A6

c/o White Cross Award Selection Committee

You can also apply online at www.sja.ca/ns

Organization or Company Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Company President/CEO: _____

Phone: _____ Fax: _____ Email: _____

Application submitted by: _____ Position: _____

Please select:

- Category A (less than 100 employees)
- Category B (more than 100 employees)

Please answer the following:

Total # of employees: _____

Average # of employees per shift: _____

Total # of employees trained in first aid: _____

Average # of employees trained in first aid per shift: _____

Total # of in-house safety instructors: _____

Check all that apply:

- We have an injury/illness prevention program
- We have a safety committee
- We provide new employees with safety orientation
- We have first aid kits on site
- We have a first aid room
- We provide first aid training/CPR training
- We provide WHMIS training
- We have an in-house safety instructor

Type of employee safety training provided: (check all that apply)

- Emergency First Aid
- Standard First Aid
- Advanced First Aid
- WHMIS
- Other: _____

Please attach further documentation and/or description that demonstrates why this organization should be chosen to be recognized for exemplary leadership in employee or member safety. Examples include (but are not limited to):

- health and safety practices above and beyond those required by provincial/federal legislation
- clear, consistent, safe work practices, as measured by experience relative to your industry
- the initiation and implementation of health and safety programs
- safety training programs for employees